

2173

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 130
Registrar's No. 26

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location 26 day (St. & No. (or) Name of Institution)
(If outside city limits also write RURAL) (Specify whether years, months or days) : In Arizona 26 days

2. Usual Residence of Deceased: (a) State Ariz (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)

3. (a) FULL NAME Richard C. Ferrin (b) If veteran name war 121 (c) If foreign born, in U. S. A. yes (d) Social Security No. 121 (If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Single 6. (c) Age of husband or wife, if alive 26 yrs.

7. Birthdate of deceased March 4 1917
(Month) (Day) (Year)

8. AGE: Years 1 Months 26 Days 26 If less than one day hrs. min.

9. Birthplace Safford Ariz.
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business None

12. Name Cecil Ferrin
Father (City, town or county) (State or Country)

13. Birthplace Phoenix Ariz.
(City, town or county) (State or Country)

14. Maiden Name Louise Bell
Mother (City, town or county) (State or Country)

15. Birthplace Baton Rouge Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Cecil Ferrin
(b) Address Phoenix Ariz

17. (a) Burial, Cremation or Removal Buried
(b) Place Safford Ariz Date May 2 1943

18. (a) Embalmer's Signature W. C. Rawson
(b) Funeral Director Safford Ariz
(c) Address Safford Ariz

19. (a) May 9th 1943
(Date received local Registrar)
(b) J. H. Stratton M.D.
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) May 27 1943
TIME (Hour and minute) 10 P. M.

21. I hereby certify that I attended the deceased from April 30 1943 to May 1 1943; that I last saw him alive on May 1 1943; and that death occurred on the day and hour stated above.

Immediate cause of death Diphtheria

Due to Hyphomycetosis and pneumonia

Due to Strangulated hernia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
(e) Means of injury

While at work? yes

23. Signature J. H. Stratton M. D. Address Safford Ariz Date signed 5/13/43

20M 100% Reg 4/23/40